

Case Number:	CM14-0001372		
Date Assigned:	01/22/2014	Date of Injury:	05/29/2009
Decision Date:	06/06/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurosurgery, and is licensed to practice in Texas, New Mexico, Maryland, New York, California, Colorado, Georgia, Louisiana, Minnesota, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Virginia, Nevada, Illinois, and Kentucky. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year-old male who sustained an injury to his neck and upper back on 5/29/09. The injured worker is post-cerebrovascular accident. An MRI of the cervical spine without contrast dated 10/1/13 revealed that injured worker is status-post anterior cervical disc fusion at C3-C7 performed on 5/21/13. It was reported that post-surgical physical therapy was interrupted due to an exacerbation of the cerebrovascular accident.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

POSTOPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR TWELVE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS recommends up to 24 visits of physical therapy over 16 weeks for the post-surgical treatment fusion, after graft maturity. The request, in this case, consists of 36 total visits, which is excessive. There is no additional significant objective clinical

information that supports the need to exceed the MTUS recommendations, either in frequency or duration of physical therapy visits. As such, the request is not medically necessary.